

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 6859
Registered No. 68

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Wa _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

2. Full name of child Marvis Ralston

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes. 7. Date of birth Apr. 8, 1932
Month _____ Day _____ Year _____

8. FATHER
Full name Carl M. Ralston
9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state. _____
10. Color or race White 11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Milam Texas
(State or country) _____
13. Occupation Truck Driver
Nature of industry _____

MOTHER
14. Full maiden name Margie Allen
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state. _____
16. Color or race White 17. Age at last birthday 31 (Years)
18. Birthplace (city or place) Mason Tex.
(State or country) _____
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 0
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was Born alive at 10:00 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. C. Harper _____
Physician or midwife. _____
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
495-408-415
Registrar
Address Globe, Arizona
Filed 5/12 1932 H. E. Wigham Registrar